

RAO Newsletter # 102 - September 27, 2011 - Turning 65 Understanding Tricare & Medicare

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A 64-year-old beneficiary is currently receiving TRICARE benefits. When he turns 65, does he need Medicare if he already has TRICARE? Will he personally have to sign-up for Medicare or will TRICARE do this for him? Questions like these are normal for some beneficiaries not sure of their options when turning 65.

TRICARE and Medicare are separate programs. Medicare is health insurance for people age 65 or older, as well as for people under age 65 who have qualified for Social Security disability insurance. TRICARE For Life (TFL) is TRICARE's Medicare-wraparound coverage available to all Medicare-eligible TRICARE beneficiaries, regardless of age or place of residence, provided they have Medicare Parts A and B. There is no paperwork associated with TFL.

Beneficiaries automatically gain coverage when they meet the requirements. Beneficiaries must sign up for Medicare as soon as they become eligible to ensure that they continue to get benefits under TRICARE. Beneficiaries turning 65 receive reminder letters from the Defense Manpower Data Center. For more information regarding Medicare sign-up, beneficiaries can call at (800) 633-4227 or go to www.medicare.gov. Beneficiaries are ineligible for TRICARE benefits for any period of time that they have Medicare Part A but not Part B, with several exceptions. For information on these exceptions, beneficiaries can go to www.tricare.mil/factsheets/Medicare or talk with their regional health care contractor. While Medicare is the primary insurance when a beneficiary turns 65, TRICARE acts as the secondary insurance, minimizing out-of-pocket expenses. TRICARE covers Medicare's coinsurance and deductible.

After Medicare pays its part of the claim, TRICARE pays the remaining amount for any TRICARE covered services and the beneficiary pays nothing. As the primary payer, Medicare approves health care services for payment. If a beneficiary has other health insurance (OHI), Medicare forwards their claim to their OHI. The beneficiary must then file a paper claim with their TRICARE contractor. If the beneficiary has employer group health plan coverage based on current employment, the employer group pays first, Medicare pays second and TRICARE pays last.

Medicare does not provide coverage outside of the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). TRICARE is the primary payer for health care

received overseas (except U.S. territories), unless the beneficiary has OHI. Overseas, TFL provides the same coverage as TRICARE Standard and has the same cost-shares and deductibles. When seeking care from a host nation provider, beneficiaries should be prepared to pay up front for services and submit a claim to the overseas claims processor. Beneficiaries, who have further questions about TRICARE and Medicare coverage, can go to www.tricare.mil or call Wisconsin Physicians Service at (866) 773-0404

NOTE: When a retiree reaches age 65 they must get a new military ID Card.

It is also important to note that if persons with TRICARE coverage prior to age 65 choose, for whatever reason, to not begin Medicare Part B coverage at age 65 they will become ineligible for TRICARE coverage at the beginning of the month in which they turn 65. That ineligibility will continue until Medicare Part B coverage is in place.